MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

96

1. PLACE OF DEATH
County St. Louis — Registration District No. 189 — File No. 20682
Township Central — Primary Registration District No. 6033 B — Registered No. 171
City Overland (No. 9001 Olden Ave St. Ward)

2. FULL NAME Donald Meifert
(a) Residence, No. 9001 Olden Ave St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 13, 1922
7. AGE: YEARS 10 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 131
10. Date deceased last worked at this occupation (month and year): 132
11. Total time (years) spent in this occupation: 132

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER
13. NAME: Fred Meifert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Irene Peker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Fred Meifert 9001 Olden Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethania DATE June 8 1932
19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Ave
20. FILED 6-8-1932 Dolla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1932
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to June 6, 1932
I last saw him alive on June 5, 1932. Death is said to have occurred on the date stated above, at 7:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous	April 13-32
Nephritis	
Uremia	May 30-32
131	
132 B	
Other contributory causes of importance:	
Acute Nephritis	May 1928
following Vaccination	

Name of operation: none (D) Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Roy A. Walther, M. D.
(Address) 2438 Woodson Rd Overland Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] UNLESS THIS IS A PERMANENT RECORD

JUN 27 1932

Roy A. Weather
2438 Woodson Road
Overland, Mo

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